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APPLICANTS

J. David Brown, St. Paul, MN;

Tingrui Pan, St. Paul, MN;

Babak Ziaie, St. Paul, MN;

** CONTINUING DATA *****

This appln claims benefit of 60/448,311 02/14/2003

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 01/31/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 16	TOTAL CLAIMS 75	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		
Verified and Acknowledged				

ADDRESS

21186
 SCHWEGMAN, LUNDBERG, WOESSNER & KLUTH
 1600 TCF TOWER
 121 SOUTH EIGHT STREET
 MINNEAPOLIS , MN
 55402

TITLE

Bypass for glaucoma drainage device

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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